

Background Information and Examples for the SCOPE

Please use these materials for examples and further explanations of the items on the SCOPE tool. You may also consult with someone at your AAA for additional help. **For any questions about interpretation of the SCOPE tool or scoring that your AAA representative cannot resolve, please consult with the Division of Aging and Adult Services or CARES. A contact list appears at the end of this document.**

Face Sheet

Date. The date listed on the cover sheet of the SCOPE tool determines what constitutes the “previous year” or three years for questions where number of activities within a certain timeframe are counted (staff training is a clear example; the site review team will use the date of submission to determine whether the appropriate number of hours of training have been completed since the same date in the previous year).

Signatures. Note that the senior center director and the AAA representative are asked to sign that they have reviewed the completed tool using the scoring sections that the site team will use and the background information contained in this document, to insure that the tool has been filled out completely and that in their judgment the center meets all the criteria for certification at least at the level of merit. Until the AAA signs off the SCOPE cannot be submitted. The deadline and site visit dates may be delayed and must be renegotiated with DAAS.

Scoring. Please remember that to be certified the center must pass **every** item at the level of merit. To be certified as a center of excellence, the center must pass not only at the level of merit, but at the level of excellence as well.

Satellites. Please list these on the face sheet. Be sure to include their services and activities in sections 1 and 2. Also, if one of the functions of a satellite is marketing to a particular group, remember to describe it in Q10. A center does not need satellites to be certified. A center may count services and activities at a satellite toward its qualifications for certification, but if it does, that satellite may not apply for independent certification during the three years for which the parent center is certified.

Section 1A: Services

Services are reported in Question 1.

Definition: *Services* are a type of assistance usually provided to individuals to support, maintain, or improve their condition or circumstance and help them remain independent within their community for as long as possible. These are in-home and community-based services that are essential to meeting basic needs of older adults, including transportation, personal care, nutrition, etc. Services are defined and are usually governed by a set of standards on which the service provider is monitored. Senior centers may provide services themselves or connect older adults to available services in the community. Examples of services that many centers provide include blood pressure checks and other health screenings, nutrition programs, and tax assistance.

The standard for both merit and excellence is that centers must provide assistance (column D.) or more (i.e., “A. Provided by the center” or “B. Can get it or enroll for it at the center, but not provided by the center”) for 85% of the services listed in this section. Here are definitions of the degree to which the center provides a service.

- *Assistance* (also known as case assistance) consists of three parts: (1) some sort of screening or assessment process to determine the consumer's needs and capacities; (2) linking the consumer to the service, and (3) following up to make sure the consumer is receiving the service or has chosen another option based on reliable information. If you provide case assistance, you should be able to show the site team records that document these three things. The screening or assessment process generally would be recorded on paper or in a database. At a minimum, these records would contain (1) identifying information about the participant, (2) details of what the participant was seeking and why, (3) what the center staff member did to help the participant get help, and (4) some sort of follow-up to determine if the client actually got help and whether it was effective.
- *Can Get It or Enroll for It at the Center* means that the senior center *does not* provide this service, but people can either receive it at the center (e.g., insurance counseling provided by SHIP) or enroll for it at the center *at least part of the time*. For example, if a Medicaid eligibility worker from the DSS comes to your senior center one day a month to enroll people for Medicaid, or if legal aid allows a staff member of the senior center to complete an intake form—not a referral—for their program, elders can enroll for Medicaid and legal aid at the center. If your senior center is part of another entity such as a local council on aging or is independent but co-located with another entity, all services provided by that other entity should be coded, "Can get it or enroll for it at the center."

A note about *job training and job placement* (one or the other is required for Excellence).

Job Training. Obtaining the necessary skills and education to find and retain unsubsidized employment. Training is available through organizations such as community colleges, JobLink Career Centers, the Internet, the Senior Community Service Employment Programs (Title V), etc. On-the-job training also enables individuals to upgrade their skills while on the job.

Job Placement. Job placement means assisting older adults in obtaining employment. Assistance with placement may be provided through the Title V Program that provides subsidized and unsubsidized employment, JobLink Career Centers, Employment Security Commission offices, Older Worker Specialists, or directly through local employers.

There are several local agencies that provide assistance to individuals seeking training and assistance with their job search. Some of the primary resources include JobLink Career Centers, Older Worker Specialists in local Employment Security Commission offices, and the Title V Program. These agencies also help individuals access financial assistance that may be available for training through the Workforce Investment Act and the Senior Community Service Employment Program. Collaborating with one of these agencies is highly recommended.

A note about *caregivers' classes and family support groups*.

Caregiver's classes are for informal caregivers (family members, friends, volunteers) in the community. Training for paid caregivers—for example, in-home aides from another organization—would count in Q11, training for other populations. Regardless of who actually attends these classes, they should be open to informal caregivers of any age.

Family support groups are groups facilitated by a professional or group member with the goal of assisting families to cope with material and emotional challenges associated with such things as bereavement and chronic illness.

These two services may also be counted as activities **if** they include a social component **in addition to** instruction or therapy. For example, if your center's widow's support group meets with a facilitator for an hour and then goes to lunch together, the facilitated group would count as a service and the lunch would count as an activity.

Section 1B: Information & Referral

See the explanation of documenting case assistance above for more about a tracking system and records.

Section 1C: Publicity for the Center and Its Services and Activities

This section appears to be self-explanatory. Historically, centers have had no problems answering this section appropriately.

Section 1D: Marketing to Special Populations and the Community

Questions 9 and 10

Although centers market their activities and services through the media, newsletters, and brochures discussed under “publicity” above, Centers of Merit and Centers of Excellence are required to make special efforts to market their programs to members of special populations—especially those identified for targeting by the Older Americans Act. The required number of groups is described in the scoring section for 1D on the SCOPE tool. *Special Efforts* are marketing activities designed specifically to reach a particular group. For example, placing ads or notices in a general newspaper is not a special effort to reach rural, low-income, or minority elders, even though people in all of those categories might read the paper. Placing an ad in a Spanish language paper or a paper that only serves a remote rural part of your county *would* count for the relevant groups, Latinos and rural residents, respectively.

Many centers have mistakenly listed the services they have available for special populations in this section. For example, they might report that they have books on tape for the blind. However, the intent of this question is to learn how the center staff/volunteers make sure that visually impaired people know that they can come to the center, not only for books on tape, but for other services and activities. One way that a center might do that is to arrange for local Services for the Blind or other organizations that help the visually impaired to recommend the center to their older clients. Others might work with the eye doctors in town.

A special effort may be part of a larger effort undertaken to reach other groups at the same time. For example, sending speakers to predominantly African American churches to describe the center and invite people to come would count as minority outreach, even if there were similar efforts to send speakers to predominantly white churches at the same time.

Question 11

Training carries with it the notion of improving people's knowledge or skills in a given area. It goes beyond marketing efforts that might raise public awareness of the center and its programs. The workgroup that created the original certification standards felt that while older adults were the primary consumers of senior center programs, members of the larger community were secondary consumers. This question is about serving *those secondary consumers*—by teaching them skills or information they need (1) to understand issues relevant to older adults, such as the consequences of not having prescription or dental coverage in Medicare; (2) to improve skills in working with older adults, such as training family caregivers how to give bed baths or training staff from another organization about how to help people with dementia participate in crafts programs; and (3) to prepare for their own aging, such as financial

planning for retirement, healthy aging, developing sports and hobbies that will take you from middle age through later life.

The tool provides one example of appropriate training, and there are four more listed here. In each case, the audience is not intentionally composed of seniors, but the center is using its expertise, the expertise of participants, or its facility and organizational skills to help educate another group about seniors' issues.

Examples:

- Having seniors, volunteers, or staff members from the center participate in a workshop to train social workers, nurses, or other professionals on how to conduct assessments or communicate more effectively with older people.
- Arranging for a panel of caregivers to make a presentation to the county commissioners about their needs. (This can also count as advocacy.)
- Holding an in-service event for other senior centers, day care centers, or assisted living facilities on developing activities and programs for older people.
- Hosting an update on Medicare and Medicaid regulations for community service providers who need to understand them.

Section 2A. Activities

Planned and scheduled activities involving groups of participants are reported in Questions 13 and 14 depending on their frequency. Activities can be physical, intellectual, social, and creative. They may require different amounts of physical stamina or intellectual efforts for varying levels of involvement. They are not usually governed by any set of standards, do not have to be monitored, and are usually based on the interests of the participants. There may be opportunities for "mass activities" and large group events and for those which meet the need of people to be in small groups. Many charitable activities (e.g., entertaining people in nursing homes, making dolls for children in hospitals) may be counted here, depending on whether senior center participants met many times (Q13) or once (Q14) to do the activity.

There may also be activities that occur in one-to-one relationships or alone. *Activities that may be done alone* (such as surfing the web, practicing the piano, or walking on the treadmill) or that groups of center consumers may do whenever they choose (such as unscheduled card games, shooting pool, or pitching horseshoes) are reported in Question 15.

Older Americans Act rules formerly made it necessary not to count activities associated with religious practices (e.g., prayer meetings, Bible study). Although these rules have changed, please be careful that your programming accommodates participants with different religious or spiritual choices and backgrounds.

Question 13

Please be sure to indicate which consecutive three months you are using to document regularly scheduled group activities.

Regularly scheduled group activities. These are planned activities for groups of two or more people that are put on the calendar or otherwise known to be part of the center's activities available at a specific time. It is the element of scheduling and of groups doing the activity together that makes it an event, as opposed to simply having equipment or materials available. For example, if people who come to the center know that there is a Rook game going on at 3:00 every Thursday, this is a regularly scheduled event and should

be recorded in Question 13. However, if your center has card tables and cards that people use when they feel like it, that counts as a “drop-in activity” and should be listed in Question 15.

Examples of how events are counted. The sample calendar on the next page is used to illustrate several principles of counting events in questions 13 and 14. The calendar entries fall into 5 categories.

Not counted at all. There are 3 entries on the calendar that should not be counted in this section at all. These are insurance counseling with SHIP (Tuesdays at 1:00), blood pressure checks (Tuesdays at 1:30), and the mammogram van (Thursday the 16th from 1:00 to 4:00). These are services and will be reported in *Question 1* as “a. Health screenings” (blood pressure and mammogram) and “c. Insurance counseling.”


Activities that happen more than once a week. Notice that each of the exercise programs at the center meets more than once (i.e., aerobics on MWF, tai chi on T,Th, flexibility and balance on MW). These should be reported in *Question 13*. Each of the 3 classes counts only once, regardless of how many times a week it meets.

Activities that happen once a week. Most of the calendar entries occur once a week. Those are straightforward. They are entered in *Question 13* and count 1 each toward the requirements. These 12 weekly activities are quilting, bridge, writing for self-expression, beginning line dancing, intermediate line dancing, bingo, introduction to computers, “Cooking Light, Cooking Right,” canasta, the intergenerational art experience, the computer course on Excel Spreadsheets, and the Friday movie.

Activities that happen once a month. There are five activities on the calendar that only happen once a month, the October birthday party, the October pool challenge, the meeting of the group that makes dolls for children in the hospital, the monthly Saturday night dance, and the October Discovery Trip. These are also reported in *Question 13*, but they count as 1/4 of a “regularly scheduled group activity.” Because there are 5 activities, they count as a total of 1 1/4 event (0.25 multiplied by 5). Activities that occur twice a month count as 1/2 of a “regularly scheduled group activity.”

Activities that happen less than once a month. The Halloween party listed on the calendar happens only once a year (or maybe not every year), so it should be listed in *Question 14* (see below).

A Sample Calendar

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 8:30, Aerobics 10:30, Bingo 11:00, Exercises for flexibility and balance 1:00, "Introduction to computers, e-mail, and the Internet" (12 wk course)	2 8:30, Tai Chi 11:00, "Cooking Light Cooking Right" (6 wk course) 1:00, October birthday party 1:30, Canasta 3:30, Intergenerational art experience	3 8:30, Aerobics 10:30, "Using Excel spreadsheets for business and hobbies" 1:00, October pool challenge 1:30, Friday afternoon movie (with popcorn)	4
6 8:30, Aerobics 10:00, Quilting 11:00, Exercises for flexibility and balance 1:30, Bridge group 2:00, Dolls for hospitals 2:30, Writing for self-expression	7 8:30, Tai Chi 10:00, Beginning line dancing 11:00, Intermediate line dancing 1:00, Insurance counseling with SHIP 1:30, Blood pressure check.	8 8:30, Aerobics 10:30, Bingo 11:00, Exercises for flexibility and balance 1:00, "Introduction to computers, e-mail, and the Internet" (12 wk course)	9 8:30, Tai Chi 11:00, "Cooking Light Cooking Right" (6 wk course) 1:30, Canasta 3:30, Intergenerational art experience	10 8:30, Aerobics 10:30, "Using Excel spreadsheets for business and hobbies" 1:30, Friday afternoon movie (with popcorn)	11
13 8:30, Aerobics 10:00, Quilting 11:00, Exercises for flexibility and balance 1:30, Bridge group 2:30, Writing for self-expression	14 8:30, Tai Chi 10:00, Beginning line dancing 11:00, Intermediate line dancing 1:00, Insurance counseling with SHIP 1:30, Blood pressure check	15 8:30, Aerobics 10:30, Bingo 11:00, Exercises for flexibility and balance 1:00, "Introduction to computers, e-mail, and the Internet" (12 wk course)	16 8:30, Tai Chi 11:00, "Cooking Light Cooking Right" (6 wk course) 1:00 to 4:00, mammogram van 1:30, Canasta 3:30, Intergenerational art experience	17 8:30, Aerobics 10:30, "Using Excel spreadsheets for business and hobbies" 1:30, Friday afternoon movie (with popcorn)	18 8:00 to 11:00 PM Dance. This month's band is <i>Crayfish</i> .
20 8:30, Aerobics 10:00, Quilting 11:00, Exercises for flexibility and balance 1:30, Bridge group 2:30, Writing for self-expression	21 8:30, Tai Chi 10:00, Beginning line dancing 11:00, Intermediate line dancing 1:00, Insurance counseling with SHIP 1:30, Blood pressure check	22 8:30, Aerobics 10:30, Bingo 11:00, Exercises for flexibility and balance 1:00, "Introduction to computers, e-mail, and the Internet" (12 wk course)	23 8:30, Tai Chi 11:00, "Cooking Light Cooking Right" (6 wk course) 1:30, Canasta 3:30, Intergenerational Art Experience	24 8:30, Aerobics 10:30, "Using Excel spreadsheets for business and hobbies" 1:30, Friday afternoon movie (with popcorn)	25
27 8:30, Aerobics 10:00, Quilting 11:00, Exercises for flexibility and balance 1:30, Bridge group 2:30, Writing for self-expression	28 8:30, Tai Chi 10:00, Beginning line dancing 11:00, Intermediate line dancing 1:00, Insurance counseling with SHIP 1:30, Blood pressure check	29 8:30, Aerobics 10:30, Bingo 11:00, Exercises for flexibility and balance 1:00, "Introduction to computers, e-mail, and the Internet" (12 wk course)	30 8:30, Tai Chi 11:00, "Cooking Light Cooking Right" (6 wk course) 1:30, Canasta 3:30, Intergenerational Art Experience	31 8:30, Aerobics 10:30, "Using Excel spreadsheets for business and hobbies" 12:30 Halloween party 1:30, Friday afternoon movie (in the lounge this week).	

Summarizing scores for question 13 from the sample calendar:

Activity	Count in Question 13
Aerobics (3 times a week)	1
Tai chi (twice a week)	1
Exercise for flexibility and balance (twice a week)	1
Quilting	1
Bridge	1
Writing for self-expression	1
Beginning line dancing	1
Intermediate line dancing	1
Bingo	1
Introduction to computers	1
“Cooking light, cooking right”	1
Canasta	1
The intergenerational art experience	1
The computer course on Excel Spreadsheets	1
The Friday movie	1
Monthly birthday party	1/4
Saturday dance, once a month	1/4
Dolls for hospitals (meets once a month)	1/4
Monthly pool challenge	1/4
Monthly discovery trip	1/4
Total	16 1/4

Note: Assuming that this level of activity is kept up through the other 3 months of the chosen period, this center has 1 1/4 more regularly scheduled activities (Question 13) than it needs to qualify as a Center of Excellence, and 7 1/4 more than it needs to be a Center of Merit

Question 14

This question asks for scheduled events that happen only a few times during the year. Record here such things as special trips (must be less than monthly), annual events such as holiday parties, festivals, or fairs, or one-time events like a special speaker or the dedication ceremony for a new facility or addition.

Question 15

This question asks about the use of informal activities and equipment that consumers can “drop-in” and use. By definition, these are not on the calendar. However, the sample calendar suggests several things that this center might list. The center has a pool table that is used for the monthly “challenge” tournament. The rest of the time, consumers can shoot pool when they want to. Similarly, when the two computer classes are not in session, consumers can use the computer room to e-mail family members, surf the Web, or whatever they want. There are bridge and canasta games on the schedule, so the center must have cards and card tables. Other resources that might be listed here are libraries, puzzles and games, fitness equipment

Scoring for question 15 is shown on the SCOPE tool itself. Below is a table with an example of how such a table might be filled out and scored for an imaginary senior center. On the SCOPE tool itself there are

four additional columns (not shown below) to check which needs (social, educational, health promotion, or creative/arts) are served by use of these “drop-in activities.”

Often, it is difficult to estimate the daily use of these drop-in activities, because it may be sporadic. For example, at our imaginary senior center, 5 of the 6 people who take the Tuesday computer class usually stay around and “practice” what they have learned after the class is over. There is another person, not in the class, who uses the computer room every morning to check her e-mail. There are about 3 other people who use the computer once a week or so. The director of this center decides to use an average week to estimate daily use. She adds 5 after-class users plus 5 visits from the woman who e-mails plus 3 other “drop-ins,” which makes 13. She divides this by 5 days and gets 2.6, which is shown in the table. This senior center has a sign-in sheet in the fitness room, so the director can use a sample of those to compute a daily average. Even if she just “eyeballed” the lists, she would see that there are about 10 people per day signing in. Although the canasta and bridge groups are popular, the card tables don’t get used very much outside of those two activities. However, there are four women who come in early on Tuesdays and play hearts until it’s time for their intermediate line dancing class to start. The director divided 4 women by 5 days to get average daily use of 0.8. She fills out the bottom of the column by adding the average number of users for each type of equipment ($2.6+10+0.8=13.4$). She fills in the daily average attendance at her center (105). Then she divides 13.4 by 105 = .125. She multiplies that by 100 to get 12.7, the average daily percent of participants who use the drop in activities. Because the requirement is 10.0 percent of participants, the center more than meets this requirement.

Facility/Equipment	Hours Available per Day	Average Number of users per Day
Computers	8 hours on M, T, and Th, 6.5 hours W and F	2.6
Fitness equipment (treadmills and stationary bicycles)	8 hours a day	10
Cards/card tables		0.8
		A.Total Number of Users per Day __13.4__ B. Average Number of Center Participants per Day __105__ Users as Percent of Participants __12.7__ (A divided by B times 100)

Section 2 B. Opportunities for Volunteers

Question 17

If the community has a central clearinghouse for volunteers outside the center, the center does not need to duplicate those services, but there should be clear evidence that participants are aware of and can be linked to those opportunities.

Question 19

For excellence, a center must have *documents* that address all four sections of this question. They may all be incorporated into one volunteer plan, or the volunteer plan may address only element a., while other documents address b., c., and d. separately or together.

This table presents one way that such a plan would address section 19a.

Need	Personnel requirement
To cover 5 routes for home-delivered meals (10 clients per route)	11 drivers, 5 for MWF and 5 to cover TTh and 1 to provide back-up
To staff the reception desk over the lunch hour	1 or 2 volunteers willing to spend an hour and a half on alternate days (or 1 volunteer and a back-up)
To offer daily blood pressure checks to participants using the fitness equipment and to others who request it	1 or 2 volunteers (former health professionals) to alternate days and provide back-up
To call 30 people registered for telephone reassurance each day	5 volunteers to call 6 people each daily
To compile materials for the SCOPE	1 volunteer familiar with word-processing who can devote 20 hours a week for the next month

The needs should, in most cases, correspond with one of the short- or long-term goals of the center (to serve X people home-delivered meals each week; to make sure that participants are greeted and sign in when they come and that the phones are answered promptly during business hours; to help participants monitor the effects of their fitness activities and to screen for medical problems regularly; to maintain a regular telephone reassurance program in the community; to obtain certification from the state). Directors of excellent volunteer programs (not just in senior centers) recommend that for each position filled by a volunteer there should be a job description that contains the same information you would put in a job description for a paid staff member. However, the job description is recommended, not required, for certification

19b. The second component of excellent volunteer planning is a procedure for recruiting, orienting, and training volunteers, as well as keeping them involved. This may appear in a plan document with 19a, or, if you provide a manual for volunteers, much of this material may appear in the manual. One source of documentation for the recruiting procedure might be the job description of the volunteer coordinator or

other staff person whose responsibility it is to recruit volunteers. In a center with one or few paid staff members, it may be a collection of the flyers, newspaper ads, etc., used to recruit volunteers. You can document your orientation and training of volunteers by having on hand the materials you use to do both. Orientation should include confidentiality issues, how volunteers will receive ongoing training, the job description, and when and how their performance will be evaluated. Training may cover a range of subjects similar to those areas in which staff members are trained—safety issues, job-specific tasks, and sensitivity to the group(s) the volunteers will serve.

19c. Informing the community about volunteer opportunities at the center will often be one part of your documentation for recruiting volunteers. While much of your recruiting may happen within the center, you must show some efforts to recruit people who are not currently consumers of the senior center's services or activities.

19d. Your center may have volunteer opportunities that serve people outside the center (such as making lap robes for people in nursing homes, making dolls for children's hospitals, mentoring children after school, or delivering home-delivered meals). However, this requirement can also be met by keeping and publicizing opportunities through other organizations. This might be accomplished by a volunteer opportunity bulletin board or a well-publicized volunteer data base.

Section 2C. Advocacy

Question 21

Advocacy can include empowerment activities such as helping members get access to the Aging Study Commission or Senior Tarheel Legislature. It can include working to change policy affecting older adults or a group of older adults—for example, lobbying for including prescription drug coverage in Medicare or local government to provide a service or protection to older adults. It can also mean fighting the system to remedy an injustice to an individual, but this must **not** be an activity that might reasonably be considered case assistance.

Advocacy activities should focus on: (1) *the senior center advocating for older adults* or (2) *activities that encourage older adults to advocate for themselves*. The activity should either be sponsored by the senior center, or if not, the senior center should have direct involvement in it, such as organizing a group of participants to attend, providing transportation, assisting with coordination, making a presentation, or other significant activity. Although activities such as informational programs are important, to be considered advocacy, the *activity should go beyond a mere transfer of information and in some way empower older adults to take action*. For example, asking elected officials to speak at the center becomes advocacy if center participants have the opportunity to question and express their views to those officials. (Please remember, though, that publicly funded senior centers should not—and in many cases may not—engage in partisan politics.)

In most cases, a class does not constitute advocacy. There is, however, one exception. If a class is designed specifically to teach advocacy skills—especially if it includes the older adult members of the class practicing advocacy techniques—this may be counted. However, the site review team may want to see materials from the class to verify that the self-advocacy content is extensive.

Section 3. Planning, Evaluation, and Input from Older Adults

Question 25

Governing/Advisory Boards and Committees. Senior centers across the state have different names for these governing bodies, and the role of such boards or committees may range from advising the director to recruiting and hiring him/her. The boards of interest for this question are those recruited from participants at the center and from the community who assist the director in planning the center's services, programs, and activities to meet the needs of the community and in identifying and gathering the resources (financial, volunteer, in-kind) to provide them. In developing the certification standards, the task force felt that at least 60% of such board members should themselves be older adults as defined by the center.

Centers that are part of umbrella organizations may also report to advisory boards formed by those organizations and over whose membership they have no control. Do not include the membership of these boards in the answer to this question.

Question 28

Methods of gathering information from participants and the community. The intent of question 28 is to capture all of the ways that the center staff and/or advisory board obtain and act on the opinions of older adults. This must explicitly include both "participants" (older adults who take part in activities/events and/or receive services at the center) and older adults who don't "participate"—that is, older adults who live in the community served by the center, but who do not currently attend activities/events or receive services at the center. The first of two tables in this question provides a list of potential ways to do this, and simply asks that the person filling out the SCOPE supply dates for each effort, and check which group or groups were consulted. In the example below, every type of activity is checked. It is not expected that senior centers will use all of these methods, but all are included here to provide examples.

Activity	Date(s)	Aimed at		
		Center participants	Older adults who don't participate	Both groups
X Written survey(s)	11/1/02 1/7/00	X		X
X Telephone survey(s)	2/21/02		X	
X Public meeting(s) or hearing(s)	3/9/01			X
X Focus group(s)	9/13/02		X	
X Suggestion box	Ongoing	X		
X Other: (please describe briefly here and in detail below) Oral suggestions to director	Ongoing	X		

Definition: *Public meetings or hearings* refer to gatherings of potential consumers at which they are asked questions about their needs or given opportunities to speak about what they want from senior centers. Their statements are recorded and used in planning programs and marketing.

The second table in question 28 should be used to describe how the activities in the first part are carried out. Please use the examples below to help you decide the amounts and kinds of information to provide.

The review team will be more impressed with a short, clear answer than a long rambling one, but there must be enough description for the reviewers to understand exactly how the information was collected and analyzed and how it has been or will be used in planning for the center.

Date	Method (Activity mentioned above, number of participants, procedures followed)	How often do you plan to do this?	What did you learn? How do you use the information in your planning?
11/1/02	<p>Written survey</p> <p>As part of our annual founder's day celebration, we asked all the participants at the center to fill out a two-page satisfaction survey (one sheet back and front; see a sample in the documentation). 115 people turned them in. Our receptionist tallied the responses.</p>	Annually, on founder's day	Over 90 percent of respondents said they were satisfied or very satisfied with current services and programs. Suggestions for new activities included working with the community college to get on-site classes in Spanish. As the director and advisory committee develop our calendar for the next 6 months, we'll work with the community college to meet this need.
1/7/00	<p>Written survey</p> <p>The county conducted a needs assessment for public agencies. Although the focus was not older citizens specifically, the survey gathered information on age, race, gender, income, and other demographic categories that made it possible to identify how older adults use county services and what additional services they would use. See the copy of the survey and report in the documentation.</p>	Every 5 years	Looking at the identified gaps has allowed us to begin working on a Memorandum of Understanding with the area mental health authority, and we will be negotiating a way to collocate someone from DSS at the center to counsel participants about Medicare and Medicaid.
2/21/02	<p>Telephone Survey</p> <p>Morningside AME Church provided us with names and phone numbers of members of the congregation. Center volunteers tried reaching them at least twice over the course of two weeks to administer a three-page survey. Ms. Smith, from a local business that conducts surveys and a member of the congregation, trained the volunteers, and her business keyed in the responses to 130 completed questionnaires. See</p>	One time	One of the center's short-term goals is to increase the percentage of African American participants. With the cooperation of Mr. Jones, minister at Morningside, we called his congregation to learn how the center programs and services could be made more attractive and what barriers exist. Those who were contacted said that transportation is the greatest barrier, and we will explore

Date	Method (Activity mentioned above, number of participants, procedures followed)	How often do you plan to do this?	What did you learn? How do you use the information in your planning?
	the survey and report in the documentation.		ways of getting participants to the center or strategies for bringing center activities to the church.
3/9/01	The team developing the County Aging Services Plan held its meetings and a public forum at the center. The director attended and took note of suggestions from forum participants. Among the suggestions was one to develop a new congregate meal site with services and activities in a rural community.	every 5 years	The director reported on the forum to the advisory committee, and the committee planned how to approach the county commissioners about finding space and funding for a new satellite in the next two years.
9/13/02	Focus Group Staff members from the center met with 10 residents of Evergreen Assisted Living, which is located two miles from the center, to learn whether they would like to participate in center activities, either here or at EAL. The session covered what they'd like from the center and what they saw as barriers to participation. See the transcript and summary of the session in the documentation.	One time, though we may conduct others in the future	We wanted to learn whether Evergreen's residents were interested in center activities. Based on the comments in the focus group, we have concluded that the residents feel they are served adequately by the programs in the facility. We will continue to post calendars there.
Ongoing	Suggestion Box 50 suggestions were received in the past three months. They are logged in a suggestion book by the director.	Checked weekly	Suggestions are reviewed by the director and the advisory board at monthly meetings. Replies are posted on the bulletin board after the meetings, and we plan how to act on the ones we can.
Ongoing	Oral suggestions to director. Center consumers often tell the director their ideas for changes, or complain about problems. He logs them as soon as practical after receiving them.	Logged immediately, reviewed monthly	The director shares complaints and suggestions about operations with the staff at monthly meetings and possible remedies are discussed. Ideas about activities are taken to the Advisory Board for their consideration.

How many methods of getting information are required for certification? This table, from the SCOPE Scoring Section, lists the requirements, excluding “extensive, in depth efforts” which are described later in this section.

Question 28	
Information from center participants.	
For Merit	<i>Initial certification: 1 in the past year</i> <i>Recertification: 3 annual or 1 widely used ongoing one.</i>
For Excellence	<i>Initial certification: 2 total in the past year</i> <i>Recertification: 2 methods per year, annual or ongoing (6 total)</i>
Information from older adults who don't “participate” (take part in activities, drop-in activities, or receive services at the center)	
For Merit	<i>Initial or Recertification: 1 in the past 3 years*</i>
For Excellence	<i>Initial: 1 in the past year</i> <i>Recertification: 3 in the past 3 years</i>
<i>*5 years, if the governing body is on a 5-year planning schedule</i>	

Ongoing measures can be such things as a suggestion box, which would likely be in place continuously during the three years, or a regular way that participants evaluate classes, programs, or activities. Efforts by governing bodies/parent organizations to obtain information from seniors who do not come to the center would meet this criterion *if they gather a substantial body of information that could be useful for planning services and activities for the senior center, and they are in fact used for planning.*

Use of findings

There should be evidence in the documentation that the center used the findings to guide planning, policy, and/or program development (“What did you learn? How do you use these findings?” column). If findings were used to publicize the center or new programs, this should also be documented.

Extensive, In-depth Efforts (Question 28)

As explained in the scoring instructions, “In either case (people who come to the center and people who do not), a single extensive, in-depth effort such as a survey with a large, randomly selected sample, or a series of age/gender/ethnic-specific focus groups may meet both the requirements for merit and excellence by itself.” This exception will be made only for really outstanding evaluation. Centers wishing to meet the criteria in this way are encouraged to consult with the Division of Aging and/or CARES to see if their evaluation design qualifies for this exception.”

Here are some general guidelines for “Extensive, In-depth efforts.” If you are planning or preparing to participate in such a project we strongly recommend the help of a community college, college, or university. Read the description below, and if you believe your effort will qualify, please consult with the Division of Aging or CARES. An “extensive, In-depth effort” may be used for input from the center only (and follow the ordinary guidelines on the SCOPE tool for input

from the community), the community only (and follow the ordinary guidelines for input from center participants), or for both groups.

Population and sample frame

The *population* is the group that you want your findings to represent. If your “in-depth” effort is focused on the people who use your center, the population would be defined as everyone who participated in center activities in the past year (or 6 months or 2 years), or you might want to extend it to include anyone who received at least one service through the center in the same time period. If your “in-depth” effort is in the community, the population should be the entire population of eligible age in your area—(e.g., city, county, town, town and 5-mile radius around it, all town residents who live west of the railroad tracks). This population should very closely approximate your service area. The example above of the survey of people in one religious congregation was good for its purpose, but it would not count as an “in-depth” effort.

A *sample frame* is the list of everyone in your population that you use to draw your sample. If you are focusing on people who use your center, it could be your complete registration list or the mailing list for your newsletter/calendar, if that accurately reflects your population. Sometimes a sample frame is not a perfect list, but it should be as close as you can get it. For example, you might use voting rolls or the phone book, even though some people are not registered to vote or do not have a phone. However, you probably wouldn’t want to use the list of AARP members, because they tend to be less representative of the whole community. If your community has some sort of senior discount card, the list of card holders can be a good frame, *if* most older people in the county have signed up for it (all races, education, income, gender).

The *sample* is the list of people you will actually try to reach. For an “in-depth” effort, it must be drawn randomly, or systematically from a random start. Depending on your sample frame and your method of administration, you may need to do this in two stages. For example, if you are using voting roles or the phone book as your frame, you must draw a large random sample from the frame. Then contact each person selected and ask, “Is there anyone 60 years old or older who lives in this household?” If yes, and there is more than one person that age you must have a random way of deciding which person will be asked the questions. This method of sampling will work best with telephone or door-to-door surveys. It could also be used to invite focus group participants by phone. *If there are fewer than 250 people in your population*, do not draw a sample. Try to reach everyone.

Method of administration

There are pros and cons to any method of administration. Written surveys sent by mail, telephone surveys, face-to-face interviews, and focus groups are all possibilities if they are well designed to match the needs of your area. While it is popular to call any small discussion group a focus group, real focus groups are a complex, qualitative research technique. They do not provide widely generalizable information, and they require careful and complex design. We do not recommend using focus groups unless you have help from a professional research team.

Content

Surveys of current center participants should ask about satisfaction with center programs, activities, and/or services and opinions about adding new programs or discontinuing unpopular ones. They should also ask about unmet need (e.g., social, educational, health, caregiver issues). Surveys of the community should ask about awareness of the center, barriers to attending, and opinions about services and programs they would like to see, as well as unmet need.

All surveys should collect information about gender, age group (e.g., 60–69, 70–79, 80–89, 90+), educational level, and ethnicity. (Income is helpful, but may turn respondents off.) If your area has clearly defined neighborhoods, the name of the neighborhood is also useful.

Number of responses

If you are doing a survey (written, phone, or face-to-face) you need to have around 200 usable answers (unless the group you are surveying is smaller than 250, in which case you should try to reach everyone and succeed in reaching at least half).

If you are using focus groups, you should run a minimum of six 2-hour groups. Each group should be homogeneous and include 6 to 8 people. Each group should represent a different segment of the population (e.g., active African American men, active African American Women, active White men, active White women, African American men with mobility limitations, African American women with mobility limitations, White men with mobility limitations, White women with mobility limitations.)

Analysis

Analysis should consist of more than just tabulating all the responses, although that is an important first step. Analysis should include subanalysis of major findings by demographic characteristics, and if the survey addresses both center members and the community, the subanalysis should compare answers from these two groups as well.

Question 29

Input from other sources. Here are some examples of methods other than input from older adults about developing services and programs. The director or other staff member could

- attend a regular meetings of providers of aging services in the county or community to request feedback on how well the center is meeting community needs and recommendations for how to meet needs more effectively
- conduct surveys or hold focus groups of allied service providers about the center's services/programs
- assess information from caregivers, the AAA's caregiver support program, local physicians, or other health personnel
- track attendance at classes and events carefully, and review participants' written evaluations of the classes at set intervals (at least annually)
- record and analyze formal or informal suggestions from your staff or members of your parent organization.

Questions 35–37

Who is "your" employee and who is not? Broadly speaking, if the center director recruits them, hires them (or recommends their hiring to the parent organization), trains them to perform tasks in aid of the center's mission, supervises their work, evaluates their performance, pays them or influence how they are paid, and if necessary, fires or lets them go, they are *the center's* employees, and the standards regarding training (Q37) apply to them. If they are employees of the parent organization (such as Council on Aging, Parks and Recreation, or DSS) but their job is not under the supervision of the senior center director, they are probably not senior center employees, even if they are housed in the same building.

Some centers share buildings with other agencies or other divisions of their sponsoring agency and so may share such personnel as receptionists and housekeepers who are supervised by someone else. These people are usually not counted as senior center employees, but if they are at the center when participants are present, it is a good idea to negotiate some basic training on aging or safety issues for them, even if it is not required for the certification process.

Remember that you may prorate the training for recently hired employees and/or part-time employees. The site team tallies training for the one or three years preceding the date the tool was submitted.

Question 36.

For Excellence: For initial certification or for centers being recertified from merit to excellence: Each employee should have a written training plan for the past twelve months that explains what training the employee will take, why it is important to the employee's development and the center's operations, and who the likely provider of this training will be. This plan will be signed by the employee and supervisor. For Centers of Excellence being recertified: Each employee should have an annual, written training plan for each of the *past three* years.

Here are some sample training plans. Remember that the plans should be developed in consultation between the employee and his/her supervisor and signed by both parties. In the case of a director who does not have a supervisor, it may be signed by a member of the governing body of the center (e.g., Board of Directors).

Training plan for John Smith for January to December 2003

Required hours: 7.5 (half-time employee)

Position: Fitness trainer

What	How much	From Whom	Why	By when
Blood-borne diseases	2 hours	Health Department (offered alternate months)	To review latest standards in reducing risk of infection for self and participants	May 30
Workshop on exercise programs for arthritis care	6 hours	School of Medicine	To be able to help participants with arthritis maintain exercise programs	Program scheduled for August

John Smith (signature)

Ellen Brown, Director (signature)

Training plan for Ellen Brown for January to December 2003

Required hours: 15 (full-time employee)

Position: Director

What	How much	From Whom	Why	By when
Ann Johnson Institute for Senior Center Management, Module 4, Planning and evaluation	15 hours	Division of Aging	To continue work toward completing the 6 modules; to develop new ways to link evaluation of current programs to development of new ones.	March 15 (Offered in Wilmington)

Ellen Brown, Director (signature)

Sally Smith, Board member (signature)**Training plan for Sherrie Laurance for January to December 2003**

Required hours: 12 (.8 FTE)

Position: Office Assistant

What	How much	From Whom	Why	By when
CPR	3 hours	Red Cross	To maintain certification	March 1
Introduction to Excel	9 hours	Community College	To improve skills to maintain the participant information database	August (will register in first summer session

Sherrie Laurance (signature)

Ellen Brown, Director (signature)**Training plan for Pat Jones for January to December 2003**

Required hours: 15 (1 FTE)

Position: Case Assistance Specialist

What	How much	From Whom	Why	By when
First Aid	3 hours	Red Cross	To gain certification	March 1
Working with people with disabilities	4 hours	SEDBTAC (http://www.sedbtac.org/ada/distanceEd/web/AtService/)	To improve skills in working with older adults with vision	February

(on-line course)		index.cfm)	and hearing losses	
Ethics	4 hours	AHEC continuing education or School of Social Work	To maintain professional certification	June (scheduled for May 15)
Using IRis	3	Training from AAA	To learn how to use this software to identify resources for seniors seeking assistance	April

Pat Jones (signature)

Ellen Brown, Director (signature)

Question 37

For purposes of this question, any type of training to improve the employee's skills or knowledge in the areas of safety, topics on aging, or job-specific skills and information may be counted. This can include in-house training at staff meetings; attending and fully participating in a course that is also offered to the seniors themselves; attending a conference, such as the NC Conference on Aging, American Society of Aging/NCOA, NC4A; taking a computer-based or correspondence course, a class at a community college, college, or university; or attending workshops and trainings offered by the Division of Aging, AHEC, American Red Cross, Cooperative Extension, or any other relevant source of training.

Question 38

Collaboration with another agency should denote working with that agency (or set of agencies) in a specific way to achieve something for older adults that it might be difficult for either of you to do separately. For example, you might collaborate with the local area mental health center to provide a bereavement support group at the center. It might be difficult for you to do this on your own because you do not have anyone on staff who is qualified to lead such a group and the cost of hiring someone is prohibitive. On the other hand, it might be difficult for mental health to get very many recently bereaved elders to attend a group at the mental health center because of the potential stigma in some communities.

Vague agreements to cooperate do not constitute collaboration for purposes of this question. In writing your answer to this question please state the specific goal you wish to accomplish jointly. For Excellence, please have your letters or memoranda of agreement available for the site team.

V. Other Operational Issues

Questions 45 and 46

See the tool on what uses of space may be included in the calculation of the total square footage of the center. The rule of thumb is that space used for participants and to support their activities counts (including bathrooms and storage for their equipment and supplies), while space used for administrative functions does not.

It may be possible to make an exception to the 4,000 square foot requirement on a case-by-case basis. The center should request a waiver from the Division of Aging. If the main center's building has less than 4,000 square feet for participants, space at satellites included as a part of the application may be used to make up the difference. However, satellites used to fulfill this area requirement may not become certified centers themselves.

Preparing the Back-up Documentation

Your focus should be on how you have worked and are working to improve the services and opportunities available for older adults. In undergoing this certification process please dedicate your energies to providing clear, specific, relevant answers on the SCOPE tool. At the end of each section you will see the scoring guide that the site team will use in reviewing the tool and at the site visit. Please check your answers against the criteria mentioned there, and use the examples provided here to help you prepare your documentation. It is much better to have a little specific, carefully organized documentation that directly supports the criteria than a mass of vaguely related material that the site team has to search through.

It is extremely helpful if documentation is organized by question (with cross references as needed), and a brief note about how it documents the question. For example, a folder might be labeled:

Question 1

Our **center brochure** (see documentation **for question 8**) lists all the services provided by the center. The **October calendar** in this folder documents “can get it or enroll for it at the center, but not provided by the center,” for health screenings (blood pressure and mammograms) and insurance counseling (SHIP).”

The **form for case assistance** is in the folder for **Question 2**, and staff members are prepared to demonstrate the computerized assistance program.

There are two types of documentation covered here, required and suggested. You might wish to use the following pages as a checklist of what to prepare. You will assemble most of the documentation for the site team to review when it gets there, but there are several things that should be submitted with the SCOPE tool, and they are noted on the tool and here.

Required Documentation is spelled out on the SCOPE self-assessment tool. For example, Question 6 says “Please provide copies of your last 2 newsletters to the site team.” At the site visit, the team members will expect to see your last 2 newsletters.

It is expected that everything *relevant* will be assembled for the site visit team to examine—that is things about which you have responded positively on the tool. For example, questions 5 through 8 require centers to use at least 2 of 4 standard marketing methods—newspaper ads, calendars of events, newsletters, and brochures. If you indicate, for example, that you do not have a newsletter, of course you will not provide copies, but you should provide the requested samples for each of the marketing methods that you check “yes,” whether it is 2, 3, or all 4.

Suggested Documentation provides additional ideas for how you might choose to document items for which the SCOPE tool and scoring guide do not list specific items to attach. The *way* you document these does not necessarily have to follow these suggestion. The primary point of the suggested documentation is just to show that what you have written on the SCOPE really happened the way you described it. If you absolutely cannot find any paper documentation for some items, you may want to arrange for the site visit team to talk to some volunteers and/or clients who were involved and can tell about it. Whatever method you use, it should be crystal clear to the site visit team how this material documents what you have written on the SCOPE. If it is not completely self-evident, write a note about why this appears (e.g., “the pictures on pages 5-10 of the blue scrapbook show the chocolate cake bake-off and sale, which is both an annual event [question 14] and a fund-raising activity [question 50]”).

Section 1

Required Documentation

- ☐ Calendars or other promotional materials documenting the availability of the required services (Question 1)
- ☐ A copy of the screening tool used for case assistance and an example of how work with the consumer is tracked (Question 2)
- ☐ At least one story, ad, or notice from each of the newspapers listed in Question 5
- ☐ Copies of the two most recent center newsletters (Question 6). *Optional:* If possible, send enough copies (6 to 8) of at least one recent newsletter with your SCOPE tool so the site team members can have one when they make their preliminary review. This helps the team members get familiar with your center before they arrive.
- ☐ Copies of the two most recent center calendars (Question 7)
- ☐ A copy of your center brochure (Question 8)
- ☐ Documentation of training about aging for the community or agencies in the community (Question 11, required for Excellence only) This should include at least 1 of the following for each: publicity for the event, trainers' presentation notes or outline, handouts, overheads, programs, agendas, attendance lists.

Suggested Additional Documentation

Question 1

For I&R: You do not have to prepare documentation ahead of time. Someone from the site visit team will ask to be shown I&R on one or two specific services for which you have indicated that you provide I&R.

For Required Services: You may wish to document these services specifically by highlighting or tagging them in copies of brochures, newsletters, or calendars in which they are announced. If they are provided by linkages and are not offered on site, include sign-up forms or other evidence of how a person may enroll for them at the senior center.

Question 4

For Regional or National Services. The team may ask to see whatever mechanisms you describe (e.g., brochures, your notebook, your computer bookmarks).

Questions 9 and 10

Marketing (to special groups and others). The documentation will vary with the kind of marketing you did. If it was a door-to-door campaign, you might show the paperwork you used to organize it such as route assignments, materials you gave out, volunteer sign-ups, or orientation materials you used to train those going house-to-house. If it was through a mail campaign, you might use your mailing list and a copy of the items you mailed. The team will recognize that some efforts are harder to document than others and will not be excessive in their demands. For example, if you placed signs or fliers in country stores in the rural areas, you might have nothing to show for it but one of the signs or fliers unless someone took a picture. A list of the stores and their locations would be useful.

Section 2

Required Documentation

- ☐ Calendars for the 3-month period you selected for questions 13 through 15, and sign-up sheets or other records of attendance or group pictures for a selection of events and activities during those months, particularly those you cite as examples of programming for diverse groups in question 16.
- ☐ A copy of your planning materials for making best use of center volunteers (Question 19).

Suggested Additional Documentation

Question 15

Facilities and Equipment. These will be observed on the tour. You will be asked to show how many participants are using them regularly, so sign-up sheets or other ways of tracking their use would be appropriate.

Question 16

How programs reflect community preferences and serve a diverse group of seniors. You might include tally sheets from the suggestion box entries each month, a report or set of frequency distributions from a survey asking what people want, or the notes or tapes from focus groups. If you started a class because a number of people at the center asked for it or organized it themselves, you might have one or more of them available to talk about it. You will probably have more documentation for this question in the materials for Question 28.

Question 17 and 18

Number of volunteers and activities they do. Your database or mailing list/phone list of center volunteers would be a good way to document these. Similarly, your plan for using volunteers (for Excellence) should probably include a list of positions to be filled by volunteers, which of those positions are filled or vacant, and what the job descriptions are for each. The team will also observe volunteers in the center doing some of these activities.

Question 20

Volunteer recognition. If you have a recognition luncheon, you might use pictures, invitations, or a program from your last event as your documentation. If you have some sort of display recognizing the “volunteer of the month” or the week, that can be pointed out on the tour.

Question 21

Advocacy. The documentation might include letters, announcements, or calendars with the advocacy events.

It is very important to explain clearly on the SCOPE tool why the event or activity should count as advocacy. Here, too, having participants available to talk about what was done as a result of the activity (or perhaps a letter from participants to the director) would be one way of documenting this.

Question 22 and 23

Transportation. The site team can observe this during their tour or at other times during the visit. Letters, meeting agendas, or other documents should demonstrate your work with the County Transportation Improvement Plan or that some other agency that serves older people works on this

instead. If you purchase services, however, someone from the center should be involved in the planning.

Section 3

Required Documentation

- ☐ A copy of the center's mission statement. *Please include this with your completed SCOPE Tool.*
- ☐ A copy of the instructors' notes/orientation materials used in orienting the board. (At a minimum, this should include a detailed agenda and any handout materials.) A detailed and specific description of the information covered may substitute if these materials have not been saved.

Suggested Additional Documentation

Questions 28 and 29

Needs assessments and consumer satisfaction measures. The most important piece of documentation is the final report from each of these activities that the board and/or staff members used to plan and implement your findings. Copies of surveys, focus group interview schedules, and any other tools used to collect the information would also be useful to the team.

Other evaluation. If your other evaluation is done by examining certain center statistics, you might show these statistics or the summary or report of them that is given to the director or the board, for example. If you depend on surveys or letters from other agencies in the community, copies of these should be made available.

Question 30

Planning. This documentation might include materials from the planning process or the resulting plan. This may be a multiagency or county process as long as it includes goals specific to the senior center. If, on the other hand, your goals are set by your advisory board, you might provide minutes of the meeting in which goals were adopted.

Section 4

Required Documentation (listed in the SCOPE tool in the Site Visit Activities and scoring sections)

- ☐ A copy of the center's organizational chart (Question 32). If it is practical to send this chart with the SCOPE Tool, please do so. If not, please have it available for the site team.
- ☐ A copy of the center's personnel policy, preferably in the form in which it is distributed to employees (e.g., an employee's handbook) (Question 34)
- ☐ Signed training plans for each employee (Question 36, for Excellence). Their positions listed on this form should match their positions in question 35 exactly.

Suggested Documentation

Question 37

Past training. Individual employees may be asked to show some evidence of attending a specific training (on a spot check basis). This might include a certificate of attendance, a program or training materials from the event, or a receipt.

Section 5

Required Documentation

- ☐ Letters of agreement or other documentation of collaboration (Question 38, required for Excellence)
- ☐ Evidence of compliance with all local codes such as fire inspection, elevator inspection, and sanitation is needed for question 42. (This may include pointing out posted certificates of compliance on the tour of the center.)
- ☐ A copy of your annual financial report (Questions 51, for Excellence).

Suggested Documentation

Question 39–41

Center hours. These should be posted at the center. No other documentation required.

Extended hours (for Excellence). If there is a plan to extend hours, copies of memos or other materials showing efforts in this direction would make good documentation. If extended hours have been tried and failed, attendance figures, cost figures or other data showing that this effort was not successful may be used. If the community does not want extended hours, some evidence of how those data were gathered is needed.

Questions 45 and 46

Center dimensions. In order to answer these questions, you looked up the dimensions somewhere (on the blueprint, the deed, the mortgage agreement, in a letter from the architect.) Use that same source as documentation. Only in cases where the center appears very small, and/or most of the space is taken up with offices, will official measurement be necessary.

Questions 47 and 48

Signs will be observed by the site visit team. No documentation is needed unless you were refused highway signs, in which case the notification of refusal would be appropriate documentation.

Questions 49 and 50

Fundraising can be documented through copies of grant proposals, fliers, or newspaper ads announcing fundraising events, or reports from fundraisers showing expenditures and profit. Some agencies are not permitted to raise funds directly. You might wish to document donations of goods or services that you have solicited or received or other ways you have worked to expand your resources within the constraints of your agency's rules.

Section 6

There is no required documentation for this section.

Suggested Documentation

Questions 54 and 55

Special projects may be documented in many ways. Examples include pictures, publicity documents, sign-up lists, or agreements with project collaborators.

Mentorship may be documented with a thank-you letter from the mentored center or other correspondence about your assistance.

No documentation is required for question 56.

Computer Tips

Format

The tool is available and supported in a Microsoft Word 2000 format. Reasonable effort will be made to provide the tool in other computer formats, but these are not guaranteed. Those wishing to acquire the tool in a different version or desiring computer advice should call Mary Anne Salmon at (919) 962-4362 or Margaret Morse at (919) 962-6483.

Experience needed

The person completing the tool electronically should have a reasonable working knowledge of Microsoft Word, including formatting, inserting and removing page breaks, and using tables. **In general, we recommend that you work on this document in “Normal” view (in Word’s View menu, select “Normal” rather than “Print”).** Although we have tried to lay the document out so that it will print nicely, spacing, font, and other aspects of the text may change with the computer used to open the file. Also, Word tables, which are used extensively in the formatting, often break awkwardly over pages. This is evident in “Print” view and less important in “Normal” view. The sideways table headings in question 1 also appear in the normal direction in the “Normal” view. Although neatness makes the site visitor’s task of reviewing the tool easier, put your time into writing clear, detailed answers rather than fighting with the formatting.

Check boxes

To mark your answer in questions with a check-box format (such as Question 1), highlight the box and type a capital X, 4 or other symbol of your choice. (If you have the Wingdings font available, you may select a lower case x in that font to produce a box with an x in it—☒, but this is not necessary.)

Tables and boxes for text

Expanding: All boxes that say, “Please type your response in this box, which will expand to accommodate your answer.” (such as question 2) are set up as single-cell tables. This means that the box will expand as you type. If it becomes too large for the page on which you are typing, it will go over to the next page in its entirety.

Tabs: Within boxes or tables (such as the one in Question 1) you can only tab by holding down the control (Ctrl) key while you strike the tab key. If you hit the tab key without the control key, you will move to the next cell in the table. If there is only one cell in the table, or if your cursor is in the last cell of a table, striking tab without the control will add another cell or row.

Adding rows to tables: There are several ways to add rows to a table such as the one in Question 5. As described above, you may put your cursor in the last cell (bottom right) and hit tab. You may put your cursor at the end of any row and hit the Enter/return key to add a row. Finally, you can put your cursor anywhere in the table and select “insert rows” or “insert cells” under the table menu. If only “insert cells” is available, click on that option to get another menu, one choice of which is “insert entire row.” If you are using the “insert rows” option, you will add the same number of rows that you have highlighted—so that if you highlight 3 rows and select “insert rows” you will insert 3 new rows before the first of the 3 rows you highlighted.

Deleting rows from tables. Highlight the row or rows that you wish to delete. Select “delete rows” from the table menu if it is available, and the rows will disappear. If “delete rows” is not available, select “delete cells.” This will give you a menu from which you will select “delete entire row.”

Filling in blanks

The blanks will disappear when you type on them. This is o.k. If you want to maintain the underlining for easy reading, use the underscore button U on the formatting tool bar. Holding down the control key while striking the u key will also toggle the underline function off and on. (You may also select “font” under the Format menu and check underscore on that menu, but that is much more time-consuming than the other two methods.)

Page Breaks

Do not attempt to fix formatting such as page breaks until you have completed all of your answers. Otherwise, small edits will play havoc with the work you have already done, which can be very frustrating. This is why we suggest working in “Normal” view. Also, fix the formatting only to the degree that it makes the site team members’ work easier or keeps the pages to a manageable number—otherwise, don’t devote large amounts of time to making a beautiful document.

Some page breaks have been inserted into the document to keep questions together or otherwise improve the appearance of the printed version. When you are filling out your answers, you may find that these are no longer in the appropriate places. If you are in normal or print layout (under the View menu), you can remove a page break by putting your cursor at the left of it and hitting the delete key or you can simply backspace over it. (On the tool bar, there is a button that looks like a paragraph mark, ¶, which you can toggle on an off to see tabs, spaces, paragraph marks, and page breaks in a document.)

Similarly, you may need to insert new page breaks to make your document more readable, and to make sure that answers stay with their questions or that tables do not break in inappropriate places. To insert a page break, place your cursor above or to the left of the text you wish to appear on the next page and hold down the control (ctrl) key while striking the enter key. You can also use the Insert menu to add a page break. Select “break” (the first item). This will open a new menu from which you can choose, “page break” (the first item).

Contact Information

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